

CALIFORNIA ACUPUNCTURE BOARD
REQUEST FOR CONTINUING EDUCATION (CE) COURSE APPROVAL FORM
[Must be in English (C.C.R., Title 16, Division 13.7, Section 1399.484)] - **Please Print or Type**

Name of Provider Organization _____ CE Provider No. _____

Address _____

Name of CE Coordinator _____ Phone _____ Fax _____ E-mail _____

Course Title _____

Course Date(s) _____

Name of Lecturer(s) _____ No. of CEUs _____ Course Location(s) _____

Course Title _____

Course Date(s) _____

Name of Lecturer(s) _____ No. of CEUs _____ Course Location(s) _____

Course Title _____

Course Date(s) _____

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Course Title _____

Course Date(s) _____

Name of Lecturer(s) _____ No. of CEUs _____ Course Location(s) _____

Have the above courses been approved by the Acupuncture Board in the past? ☐ Yes ☐ No

If yes, is the current course content, # of CEUs, lecturers and location identical as presented in the past? ☐ Yes ☐ No

If no, please use a separate sheet to identify the differences.

Will this course be offered only in English? ☐ Yes ☐ No

If no, please indicate 2nd language: _____; Name of Translator _____

Will the translation be performed simultaneously? ☐ Yes ☐ No

Will there be an advertisement for these courses? ☐ Yes ☐ No If yes, please submit a copy for our review.

By signing below, I affirm, under penalty of perjury, under the laws of the State of California, that I have read and will comply with the continuing education regulations and the general information listed on the reverse of this form and that all statements contained in this application are true and correct.

Signature _____

Date _____

Print Name _____

Title _____

For Acupuncture Board's Use Only

☐ **APPROVE**

☐ **DENY**

Course within 45-day timeframe ☐ Yes ☐ No

Course application complete ☐ Yes ☐ No

Herbal disclosure attached ☐ Yes ☐ No ☐ N/A

Authorized Signature

Date

HERBAL DISCLAIMER

Will the instructor(s) be discussing treatments utilizing herbs or herbal formulas or introducing new herbs or formulas? ☐ No ☐ Yes

If yes, the provider of the course must be able to confirm that the herbs that will be discussed in this course/seminar are only those that are permitted by the California Department of Health and that formulas will contain herbs at different levels/portions that will not cause adverse health effects.

I confirm that the above information is true -

PRINT NAME

SIGNATURE

TITLE

DATE _____



COURSE DESCRIPTION

Please provide an explanation that identifies how your course relates to the scope of practice of acupuncture. Please use additional sheets if necessary.

[illegible]

COURSE SCHEDULE

Please provide a breakdown of topics that will be covered during each day of the course/seminar. When counting the number of CE Units, use the standard hour (60 minutes) for each CE unit (lunches may not be considered for CE units).

Starting and ending times:

From	-	To	Topics to be covered during this time:
_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

_____	-	_____	_____

INSTRUCTOR INFORMATION

[A separate 'Instructor Information' Sheet must be completed for each instructor]

Instructor's Name _____

Complete Section 'A' if the instructor is an acupuncturist; otherwise, go to Section 'B':

Section A:

Is the instructor a California licensed acupuncturist? ☐ Yes ☐ No

If yes - License No. _____

If no, is the acupuncturist authorized to act as a guest acupuncturist in accordance with Section 4949 of the Business and Professions Code? ☐ Yes ☐ No

Is the instructor free of any disciplinary order or probation imposed by the Board? ☐ Yes ☐ No

Is the instructor knowledgeable, current and skillful in the subject matter of the course as evidenced through one of the following:

1. Possess a baccalaureate or higher degree from a college/university and provided written documentation of experience in the subject matter ☐ Yes ☐ No

Degrees Earned:

From [Name of the Educational Institution]

2. Documents experience in teaching similar subject matter content within the two years preceding the course ☐ Yes ☐ No

3. Documents experience of at least one year (within the last two years) in the specialized area in which he or she is teaching. ☐ Yes ☐ No

Section B:

If the instructor is a non-acupuncturist, does he or she meet **all** of the following requirements?

1. Is currently licensed or certified in his or her area of expertise, if appropriate ☐ Yes ☐ No

Title of License or Certificate

License Number and Name of State

2. Provided written evidence of specialized training, which may include, but not be limited to, a certificate of training or an advanced degree in a given subject area. ☐ Yes ☐ No

3. Provided evidence of at least one year documented teaching experience within the last two years in the specialized area in which he or she teaches. ☐ Yes ☐ No

ATTENDANCE RECORD
(Must be submitted within ten (10) days of course completion)

Continuing Education Provider (CEP) Name

CEP Number

Date(s) of Course: _____

CE Hours/Credits: _____

Instructor Name: _____

Printed Name	Signature	License No.	CEUs
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
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_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____

VERIFIED BY: _____
Instructor's Signature

Date

Provider's Signature

Date

PARTICIPANT EVALUATION FORM

CE Provider Name and Number

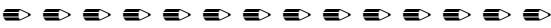
Date(s) of Course

Course/Seminar Title

Instructor Name

Participant's Name and License Number

Date of Evaluation



Did this course meet its stated objectives?

Did the instructor demonstrate adequate knowledge of the course subject?

Did the instructor utilize appropriate teaching methods?

Do you feel that you will be able to apply what you have learned today to your practice?

Would you recommend this course to other licensed acupuncturists?

Additional Comments:

CERTIFICATE OF COMPLETION

**THIS IS TO CERTIFY THAT _____ AC # _____, HAS SUCCESSFULLY COMPLETED _____ HOURS
OF APPROVED CONTINUING EDUCATION.**

PROVIDER NAME: _____

PROVIDER NO.: _____

COURSE TITLE

COMPLETION DATE

COURSE LOCATION

INSTRUCTOR'S SIGNATURE

DATE

PROVIDER'S AUTHORIZED SIGNATURE

DATE

CALIFORNIA LICENSED ACUPUNCTURISTS ARE REQUIRED TO RETAIN THIS CERTIFICATE FOR AT LEAST FOUR (4) YEARS FROM
THE DATE OF COMPLETION OF THIS COURSE.